

THIS IS A PERMANENT RECORD  
RETURN must be made for each, and the number of each  
or with stated.  
N. B.—In case of more than one child.

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 155

Registered No. \_\_\_\_\_

### 1. PLACE OF BIRTH

County Gila State Arizona

District or Township San Carlos or Village \_\_\_\_\_

City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ora Nash  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. Legitimate? yes 6. Date of birth 11/22/27  
Month Day Year

8. FATHER Full name Percy Nash 14. MOTHER Full maiden name Nancy Edwards

9. Residence (Usual place of abode) San Carlos, Ariz. 15. Residence (Usual place of abode) San Carlos, Ari  
If non-resident, give place and state.

10. Color or race 4/4 Indian 16. Color or race 4/4 Indian  
11. Age at last birthday 27 (Years) 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) San Carlos 18. Birthplace (city or state) San Carlos, Ari  
(State or country)

13. Occupation common laborer 19. Occupation housewife  
Nature of industry

20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child). (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum. no

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7.A. m. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature C.H. Sawyer M.D. (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address San Carlos, Ariz.  
Month, day, year \_\_\_\_\_

Registrar.

Filed 12-13, 19 27 C.H. Sawyer

Registrar.

10526-1122-352